

SERIAL NUMBER 09/460,844	FILING DATE 12/14/99	CLASS 714	GROUP ART UNIT 2785	ATTORNEY DOCKET NO. AUS9908343-U
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APPLICANT
AMIR HEKMATPOUR, AUSTIN, TX.

****CONTINUING DOMESTIC DATA*******
VERIFIED

****371 (NAT'L STAGE) DATA*******
VERIFIED

****FOREIGN APPLICATIONS*******
VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 02/03/00

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY TX	SHEETS DRAWING 12	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 3
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ADDRESS
LYON HARR & DEFRANK
300 ESPLANADE DRIVE
SUITE 800
OXNARD CA 93030

TITLE
SYSTEM AND METHOD FOR DETECTING DESIGN ERRORS IN INTEGRATED CIRCUITS

FILING FEE RECEIVED \$922	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 3026

SERIAL NUMBER 09/460,844	FILING DATE 12/14/1999 RULE	CLASS 703	GROUP ART UNIT 2123	ATTORNEY DOCKET NO. AUS9908343-U
APPLICANTS AMIR HEKMATPOUR, AUSTIN, TX;				
** CONTINUING DATA ***** <i>none</i>				
** FOREIGN APPLICATIONS ***** <i>none</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/03/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		STATE OR COUNTRY TX	SHEETS DRAWING 12	TOTAL CLAIMS 29
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>		INDEPENDENT CLAIMS 3		
ADDRESS EDMOND A. DEFRANK 20145 VIA MEDICI NORTHRIDGE, CA 91326				
TITLE SYSTEM AND METHOD FOR DETECTING DESIGN ERRORS IN INTEGRATED CIRCUITS				
FILING FEE RECEIVED 922	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees	
			<input type="checkbox"/> 1.16 Fees (Filing)	
			<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	
			<input type="checkbox"/> 1.18 Fees (Issue)	
			<input type="checkbox"/> Other _____	
			<input type="checkbox"/> Credit	